



CLAY EYE PHYSICIANS & SURGEONS

OPHTHALMOLOGY – DISEASES AND SURGERY OF THE EYE

Macular Degeneration & Diabetes Eye Institute of Northeast Florida

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Financial Policy

**Payment is due when services are provided. We accept cash, checks, debit and credit cards
(MasterCard, Visa, American Express and Discover).**

***Returned check charges are \$25.00.**

You may have health insurance, which will pay a portion of your bill after Deductibles and Co-Payments.

Please Check one of the following:

I HAVE Health Insurance I DO NOT HAVE Health Insurance/Self-Pay

I have a ROUTINE Vision plan

What you are RESPONSIBLE for:

If you have **INSURANCE** you are responsible AT THE TIME OF YOUR EXAM for:

- Co-payments
- Deductibles
- \$40.00 Refraction fee, if necessary
- Any non-covered charges.

As a courtesy to you, we will:

File your claim if we are a Provider for your insurance plan. After 90 days any remaining balances will become patient responsibility and billed to you directly.

IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE or if you have selected the, “**I DO NOT HAVE INSURANCE /SELF-PAY**” option, you are responsible for:

- A flat fee of \$50.00 will be collected prior to seeing the physician.
- All fees for that examination upon completion, less the \$50.00 charge, are due at time of service.

Initials

Please initial next to your PREFERRED method of payment for your visit:

1. Cash _____ 2. Check _____ 3. Debit or Credit Card _____ 4. Medical Financing _____

We offer “NO INTEREST” Payment Plans from CareCredit:

- Allow you to pay over time with NO INTEREST
- Convenient, low monthly payment plans also available
- No annual fees or pre-payment penalties

Clay Eye Physician & Surgeons
PAYMENT PLAN SCHEDULE OF PAYMENTS:

<u>Balance</u>	<u>Payment Per Month</u>
0 to \$99.00	\$25.00
\$100 to \$499	\$50.00
\$500 to \$999	\$100.00
\$1000 to \$2500	\$200.00
\$2500 to \$5000	\$300.00
Over \$5000	15% of Balance

REFERRAL or AUTHORIZATION:

It is your responsibility to obtain proper referral/authorization for your visit with us. We may provide some assistance to help obtain the proper authorization. If a referral cannot be obtained for your visit, you will be considered a “Self-Pay” Patient.

BILLING CHARGE:

As a patient you are responsible for the portion of the examination, co-payment or deductible not covered by insurance at the time of check out. You will be given a copy of the charges as a receipt of payment, as well as a representation of your first statement. Following the mailing of your **SECOND** statement a charge of \$15.00 will be attached to your account for any remaining balances.

COLLECTIONS:

Any patient that has been placed in collections must pay any **PRIOR BALANCE** owed to the practice and the collection agency fee in cash before the practice will see you again.

AFTER HOURS CARE:

If you should require our services after regular business hours, please understand that there is an additional fee not covered by insurances. **This flat fee of \$100.00 will be billed directly to you.** We will bill examinations and testing at the time of the visit directly to your insurance.

REFRACTION:

A **\$40.00** fee is charged for the performance of the refraction. A refraction is performed to determine your best-corrected vision to distinguish medical eye problems from a simple need for new glasses.

Initials

Most medical insurance plans, including MEDICARE, TRICARE and TRICARE For LIFE, do not cover routine eye examination and they do not consider the refraction to be a part of a medical eye exam. When a refraction is performed, our office will collect your refraction charge along with any copayment and deductible due at the time of service.

We do not charge for copies of your glasses prescription, which you may have at any time.

I have read and understand the above policy.

Signature of Patient/Guardian

Date